

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------------|--|
| Full Name of Payee Campaign Inbox, LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2022 |
| Mailing Address PO Box 541525 | | Amount 100.00 |
| City Orlando | State FL | Zip Code 32804 |
| Purpose of Expenditure Fundraising Email | Category/Type 004 | Transaction ID : SE.44843 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2022 |
| Name of Federal Candidate WARNOCK, RAPHAEL, , , | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA |
| Calendar Year-To-Date Per Election for Office Sought 978214.69 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|---------------|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | Zip Code |
| Purpose of Expenditure | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 100.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 100.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gross, Jennifer, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 29 / 2022

Signature